

04/05/01  
JC915 U.S. PTO

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41-6-01

PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to: <b>Commissioner for Patents Box Reissue Washington, DC 20231</b>	Attorney Docket No.	39262/256238
	First Named Inventor	J. Charles Taylor
	Original Patent Number	5,891,143
	Original Patent Issue Date (Month/Day/Year)	April 6, 1999
	Express Mail Label No.	EL572470492US

APPLICATION FOR REISSUE OF:  
(check applicable box)

☒ Utility Patent

☐ Design Patent

☐ Plant Patent


### APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ \* Fee Transmittal Form (e.g., PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in a double column copy of patent format (amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath / Declaration (original or copy)  
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?  
☒ Yes ☐ No  
(If Yes, check applicable box(es))  
  
☒ Written Consent of all Assignees (PTO/SB/53)  
  
☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) ☒ Power of Attorney

### ACCOMPANYING APPLICATION PARTS

7. ☒ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
8. ☒ Offer to Surrender original U.S. Patent  
☐ Ribbioned Original Patent Grant  
☐ Statement of Loss (PTO/SB/55)
9. ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ English Translation of Reissue Oath/Declaration (if applicable)
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. ☐ Other: \_\_\_\_\_

### 14. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	 (Insert Customer No. or Attach bar code label here) <b>23370</b>	or <input type="checkbox"/> Correspondence address below
Name	PATENT TRADEMARK OFFICE	
Address		
City	State	Zip Code
Country	Telephone	Fax

NAME (Print/Type)	Kristin D. Mallatt	Registration No. (Attorney/Agent)	46,895
Signature	<i>Kristin Mallatt</i>	Date	4/5/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

**REISSUE APPLICATION FEE TRANSMITTAL FORM**

Docket Number (Optional)

**Claims as Filed - Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A)	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B)	****	X\$ _____	or	X\$ _____	
(C)		(D)	*	= _____		X\$ _____	
Basic Fee (37 CFR 1.16(h))						\$ _____	
Total Filing Fee					OR	\$ _____	

**Claims as Amended - Part 2**

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 14	MINUS	**	*	X\$ _____	or	X\$ _____	
Independent Claims (37 CFR 1.16(i))	*** 1	MINUS	*****	=	X\$ _____		X\$ _____	
Total Additional Fee					\$	OR	\$710.00	

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 27 CFR 1.27.☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 11-0855.  
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 710.00 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**

April 5, 2001

Date

*Kristin Mallatt*

Signature of Applicant, Attorney or Agent of Record

Kristin D. Mallatt, Reg. No. 46,895

Typed or printed name

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: J. Charles Taylor and PATENT NO. 5,891,143  
Harold S. Taylor



SERIAL NO.:

GROUP ART UNIT:

FILED: April 5, 2001

EXAMINER:

FOR: ORTHOPAEDIC FIXATION PLATE

ATTORNEY DOCKET NO.: 39262/256238

DATE: April 5, 001

Box Re-Issue  
Commissioner for Patents  
Washington, D.C. 20231

**CERTIFICATE OF MAILING (37 C.F.R. 1.10)**

Sir:

I hereby certify that this Reissue Patent Application Transmittal, along with any paper referred to as being attached or enclosed, is being deposited with the United States Postal Service on the date shown above in an envelope as "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10, Mailing Label No. EL572470492US addressed to Box Reissue, Commissioner for Patents, Washington, D.C. 20231.

  
Rebecca Smith

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